

Work Order ID 98267

March-12-13 1:45:10 PM

98267

Page 1

Item ID: D2011-101

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: 6" Mirror

Stop

NS2

Start Date: 3/11/13

Start Qty: 20.00

20

Cust Item ID:

Required Date: 3/22/13

Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 13-03-15

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D2011	Rev G
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100	0.00
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100

PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O: 193660 Mirror P/N: CHM10601 Possible supplier:
Auto Parts Extra Material release note required

CL 13/03/18 (20)

110	Receive & Inspect for Damage & Mat'l Certs	0.00
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110

Packaging

Memo

0.00

Packaging

Ensure material certification is attached

10/13/18 (20)

120	QC6- Inspect dimensions to drawing	0.00
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120

QC

Quality Control

Memo

0.00

AS
27
28
133 26

20

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	
	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure	
	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld	
	Crushed/Crimped.	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled	
	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>		
	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>		
	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>		
	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>		
	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>		
	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>		
	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>		

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Page 2

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Item ID: D2011-101

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Item Name: 6" Mirror

Start Date: 3/11/13 Start Qty: 20.00

20

Cust Item ID:

Required Date: 3/22/13 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

130

Small Fab

0.00

20x

SP 3/3/27

Small Fab

Small Fab

Memo

0.00

1- Wrap mirror with plastic wrap

2- Discard Hardware & Install new hardware loosely

3- Crimp stud as per Dwg D2011

140

QC5- Inspect part completeness to step on W/O

0.00

20
13327

140

QC

Quality Control

Memo

0.00

4- Test assembly to 50lbs pull test after 24 hours

150

Identify as per dwg & Stock Location: ST229

0.00

150

Packaging

Packaging

Memo

0.00

20x

SP
13-3-28

NCR: Yes / No

DQA: Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled

Work Order ID 98267

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Page 3

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Accept

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Start

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Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

160

QC21- Final Inspection - Work Order Release

0.00

13/3/28 8J

160

QC

Quality Control

Memo

0.00

MCS 13-03-28

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending	Bend	Grain	Ovalized	Pressure/Forced			
Centre Not Concentric to O/S				BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure				
Cracks				Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld				
Crushed/Crimped.				Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled				
Cuffs				Contamination	Maintenance	Part Moved					
Heat Treat				Countersink	Mislabeled	Positioned Wrong					
Inspection Strip in Tube				Cut Too Short	Misread	Power Loss/Surge	Other				
Ripples in Bend				Drill Holes	Offset						
Torque Waves in Extrusion				Drawing	Out of Calibration						
Turning Sequence				Finish	Out of Sequence						
Wave/Twist in Tube				Folio	Outside Dimensions						

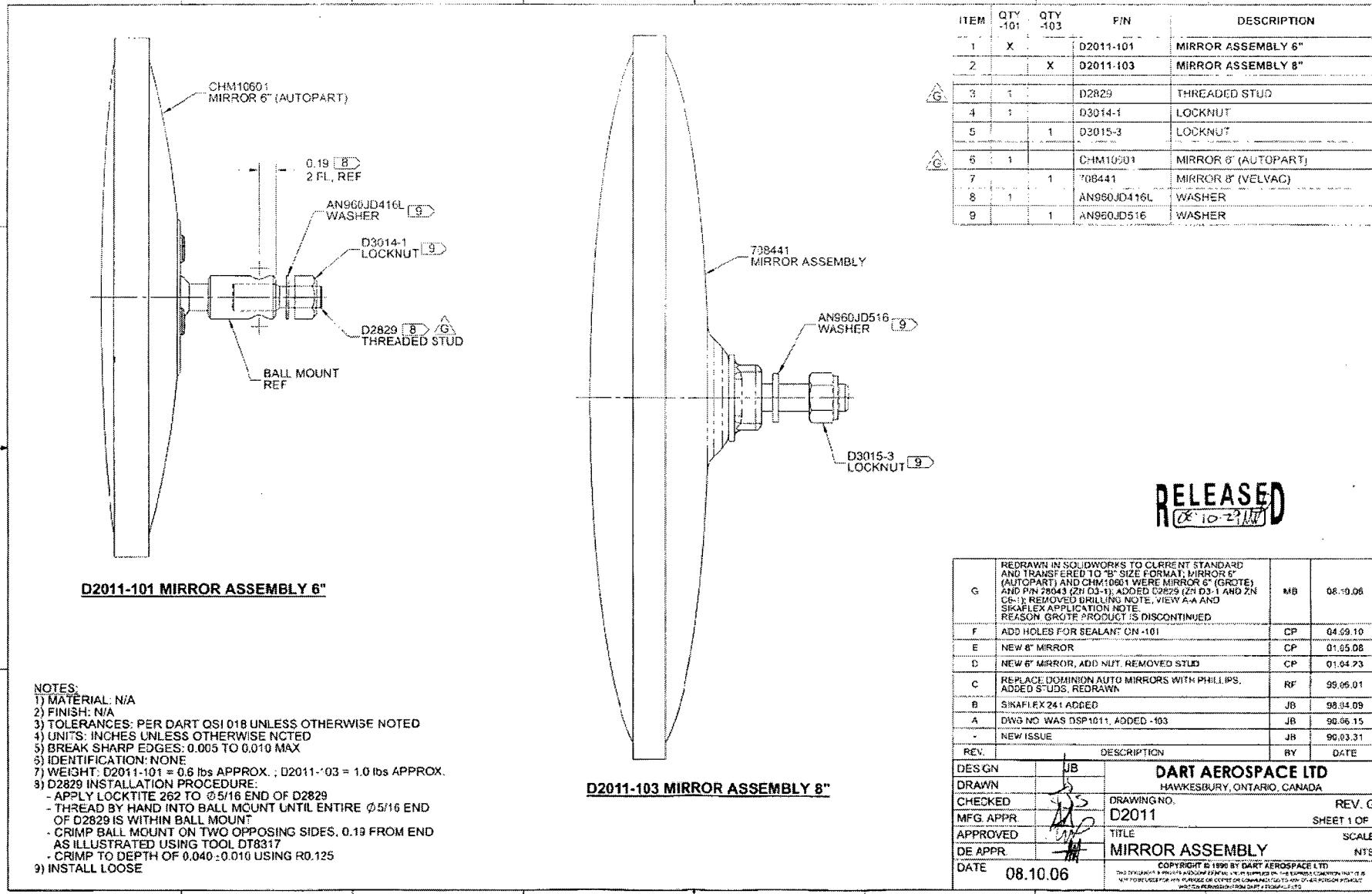
NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____ NCR No. _____			<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update	<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab	<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite	<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier	<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
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	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld	
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	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other	
	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>		
	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>		
	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>		
	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>		



G	REDRAWN IN SOLIDWORKS TO CURRENT STANDARD AUTOMOTIVE END OF LINE MIRROR ASSEMBLY (AUTOPART) AND CHM10601 WERE MIRROR 6" (GROTE) AND P/N 216043 (210 D3-1) ADDED (2829 (210 D3-1 AND 2N G6-1) REMOVED DRILLING NOTE, VIEW A-A AND SIKAFLEX APPLICATION NOTE. REASON GROTE PRODUCT IS DISCONTINUED	MB	08.10.06
F	ADD HOLES FOR SEALANT CN-101	CP	04.09.10
E	NEW 6" MIRROR	CP	01.05.08
D	NEW 8" MIRROR, ADD NUT, REMOVED STUD	CP	01.04.23
C	REPLACE DOMINION AUTO MIRRORS WITH PHILLIPS, ADDED 8-UDS, REDRAWN	RF	09.05.01
B	SIKAFLEX 241 ADDED	JB	08.04.09
A	DWG NO WAS D2011, ADDED -103	JB	08.06.15
-	NEW ISSUE	JB	06.03.31
REV.	DESCRIPTION	BY	DATE
DESIGN	JB	DART AEROSPACE LTD	
DRAWN		HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO.	REV. G
MFG APPR		D2011	SHEET 1 OF 1
APPROVED		TITLE	SCALE
DE APPR		MIRROR ASSEMBLY	NTS
DATE	08.10.06	COPYRIGHT © 1990 BY DART AEROSPACE LTD THIS DOCUMENT IS THE PROPERTY OF DART AEROSPACE LTD. IT IS RESTRICTED FROM EXTERNAL DISTRIBUTION. NOT TO BE COPIED FOR ANY PURPOSE OR COMMERCIAL OR OTHER PURPOSE. PRINTED FROM DART AEROSPACE LTD. COMPUTER SYSTEM.	

98267 uLJ

13-03-15



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO19366**

Purchase Order Date 3/18/13
PO Print Date 3/18/13

Page Number 1 of 1

VC-AUT001

Order From :

AUTO PARTS EXTRA
1000 RUE LANSDOWNE
HAWKESBURY, ON K6A 1H7
CA

Contact Name
Vendor Phone 613 632 1191
Vendor Fax 613 632 2350
Vendor Account Nbr

Buyer Chantal Lavoie
Requisition Nbr
Tax Resale Nbr 10127-2607
Terms Net 30
Currency CAD
FOB Destination-Collect

Ship To : DART AEROSPACE LTD
1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAXED
6/9/13/18

Line Nbr	Reference Revision ID	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	CHM-10601	Mirror 6"	3/21/13 Yes	20.00 Each	Yours ppd	\$20.7500	\$415.00
		Special Inst:	AS PER DWG D2011 REV. G B98267 P/N: CHM-10601			PO Total:	\$415.00

CERTIFICATE OF CONFORMITY
REQD UPON DELIVERY

U CL
No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required - YES NO

Change Nbr: 1

Change Date: 3/18/13

Benson

**AUTO PARTS • PIÈCES D'AUTO
TRUCK PARTS • PIÈCES DE CAMION
PERFORMANCE PARTS • PIÈCES DE PERFORMANCE
TIRES • PNEUS**

www.bensonautoparts.com

Benson

Last due accounts bear 2% interest per month (24% per annum). If this account is placed with a 3rd party collection, an administrative cost of 25% will be added. All exchanges and refund claims must be accompanied by this invoice. Electrical parts not returnable. All parts returned are subject to 20% handling charge. All merchandise sold on this invoice remains the vendor's property until this invoice is paid in full.

TERMS: Payment due on 10th day of the following month.

Aucun remboursement sans cette facture. Net 30 jours, 2% de frais d'intérêt par mois (24% par année) sur compte en souffrance. 20% de frais de manutention sur toute marchandise retournée. Clause pénale une indemnité de 25% sera chargée sur compte sujet à des procédures légales. Les marchandises mentionnées sur cette facture demeurent la propriété du vendeur tant qu'elles ne seront pas entièrement payées. Pièces électriques non-retournable.

TERMES: Compte payable le 10 du mois suivant.

SIGNATURE*Thank
You*

1000 RUE LANDSDOWNE HAWKESBURY, ON K6A 1H7
TEL: (613)632-1191 FAX: (613)632-2350

TVQ: 1016330716 TQ0001 - HST / TPS: 10035 3366 RT0001

Merci

113336 (613)632-5200
V DART AEROSPACE LTD.
1270 ABERDEEN STREET
A HAWKESBURY ON K6A 1K7

E
S
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D
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A

113336

*** SAME ***

DATE: 3/20/13
08:14
111 MLP

P099366

D/COM	SHIP / EXP	CODE	PART No / PIÈCES	DESCRIPTION	LIST / CHACUN	COST / COÛTANT	EXTENSION
20	20	TWD>	CHM10601 ✓ //ici SHIP VIA	6 CONV. MIRROR, S/ BOV: TWD PIECES/CORE TOT 242	30.00	20.75	415.00
	20	***		<i>S. Juniper</i>			

INVOICE NO / FACTURE	TYPE / SORTE	TOTAL	DISC / ESC	FRT / TRANS	HST / TPS	TVQ	AMT to PAY / À PAYER
11202901	INVOICE	415.00	0.00	0.00	53.95	0.00	468.95